



Water Resources Program Request for Determination of Water Budget Neutrality

SURFACE WATER GROUND WATER
Please ensure that the form is completely filled out.
Incomplete forms will lead to longer processing times, and may be rejected.

Applicant/Business Name: William E. Horne and Mary A Trustees under the Horne Living Trust, dated March 19, 1	The state of the s	Other No:
Address: 5604 NE 24th St		
City: Renton	State: WA	Zip:98059
Email Address (optional): williamedhorne@gmail.com		
Contact Name (if different from above): Jessica Kuchan	Phone No: 206-838-7650	Other No:
Relationship to Applicant: Attorney for Seller of the Mitig		
Address: 315 Fifth Ave S., Ste 1000		
City: Seattle	State: WA	Zip: 98104
Email Address (optional): Kuchan@mentorlaw.com		
Section 2. STATEMENT OF INTENT Briefly describe the purpose of your proposed project: To		
receive a water budget neutral determination by relying or Suncadia, LLC.	n mitigation water from J.P. a	na Jan Roan and New
	09?Yes <u>x</u> No	IN Jan Koan and 14cw
Anticipated length of time to complete your project: Is this for an existing use, established prior to July 16, 200 If yes, when was the water first regularly and beneficially For Ecology APPLICATION NO. 54-35599	09? Yes x No used?	EPA: Exempt/Not Exempt 01-WR1-0285-000011

Water Use: List all proposed us lawn or commercial garden, mun					e: domestic, group domestic,		
Purpose(s) of Use	Rate (check one box only) Cubic Feet per Second (CFS) Gallons per Minute (GPM)			Total Water Use in Acre-Feet per Year (AF/YR) (If known)			
Domestic	TBI)		0.392/ 0.118 (CU)	Continuously		
Irrigation	TBD			0.022/ 0.019 (CU)	Seasonal		
TOTAL:	TB	D		0.414 0.137(CU)			
*Total water use is the total quantity located at: http://www.ecy.wa.gov/programs/w. Section 3. POINT OF D Complete A or l A.) If Surface Water Source	r/cro/wtrx OIVERS B, and C	chng.html	R WITH				
Spring ☐ Creek ☐ River ☒ Lake ☐ Other: Source Name: Cooper Lake Tributary to: N/A Number of proposed diversion points: 1 Do you have an existing diversion? ☐ YES ☒ NO			Do	Do you have an existing well? YES NO Well(s) Other: Existing well diameter & depth: If available, attach Water Well Report and pump test. Well Tag ID No. Number of proposed points of withdrawal:			
			If av				
C.) Point of Diversion/Witho	drawal -		-				
Parcel No. 1/4	1/4	Section	Township		County		
607736		1	22 N	13 E	Kittitas		
Lot(s)	Block	(s)		Subdivision			
11 and 12		35	Cooper Lake Summer Home Sites				

If available, GPS (Global Positioning System) device	e location:	
Latitude: N Longitude:	w	
Datum and units (for example NAD83 and decimal d	legrees, etc):	(required for all GPS locations)
If known, enter the distances in feet from the point of	f diversion or withdrawal	to the nearest section corner:
Feet (North South) and feet (☐ East/☐ West)	
from the (NW SW NE SE . corn	ner of Section	
NOTE: If more than one point of diversion/withdrawa map identifying the well location within the parcel is request (see below).	required for all existing w	vells proposed for use under this
Attach a map of your project showing the point of be sure to include a complete copy of the plat map listed in Section 3 matches the well location on the please provide an explanation on a separate sheet processing the request.	. Please ensure that the site map and on the wel	well location and parcel number l log. If there are any differences
Section 4. WATER SYSTEM INFOR Complete A or B, C, D, E and F b		
A.) Domestic Water Systems only	B.) Municipal Wa	
Projected number of connections to be served:	Present population to	be served water:
Type of connections: Residential (e.g., home, recreational cabin)	Estimate future popu	dation to be served:(20 year projection)
C.) Water System Planning		
Do you have a Water System Plan approved by the Division? YES NO	Washington State Departn	nent of Health, Drinking Water
If yes, date plan was approved/_/ Water Sy	stem Number:	
Name of water system:		
Are you within the service area of an existing water	evetem? TVES NO	
If yes, explain why you are unable to connect to the	The state of the s	
if yes, explain will you are unable to connect to the	system	

D.) On-Site Septic				
Will there be an on-site septic s	system? XYES NO			
If yes, please provide a copy of drain field.	the property covenant that restrict	s or prohibits trees of	r shrubs over the septic	
E.) Sanitary Sewer System				
Will domestic wastewater be d	ischarged to a sanitary sewer system	m? ☐ YES ☒ NO		
If yes, please provide a copy of	the sewer utility agreement that so	erves the proposed pr	oject.	
F.) Irrigation		<u> </u>		
Total number of acres requeste	d to be irrigated under this applica	tion = 0.011 A	cres	
NOTE: Outline the area to be	irrigated on your attached map.	(1 acre = 4	3,560 square feet)	
Section 5. MITIGATIO	ON			
Parker. • Have a priority date ear	greater amount to Yakima River fl rlier than May 10, 1905. For instream flow protection and man			
	st water right(s) for use as mitigation	on.		
Water Right No.	Rate (check one box only) Cubic Feet per Second (CFS) Gallons per Minute (GPM)	Acre-Feet per Year (AF/YR) (If known)	Priority Date	
CS4-00648(AA)sb4-b (for the irrigation season)	0.110	43.3 (22.81 CU) (8.985 Remaining)	November 2, 1877	
	TOTAL:	8.985 CU		
B) Proposed Trust Water Riplease identify the pending Water Right No.	ght Application application(s) to place a water rigit Rate (check one box only) Cubic Feet per Second (CFS)	Acre-Feet per	as mitigation. Priority Date	
	Gallons per Minute (GPM)	Year (AF/YR) (If known)		
CS4-00648 (AB)sb4-b (for the non-irrigation season)	0.034	11.45	November 2, 1877	
	TOTAL:	11.45 CU		

C) Quantity of Trust Water Right(s) listed in Section 5 (A) and (B) Acquired for Mitigation

Please list the specific quantity in AFY of Trust Water Right(s) listed in Sections 5(A & B) that have been acquired to offset consumptive use associated with this proposed new use of groundwater: 0.137AFY Note: You may wish to refer to the online water use calculator for example consumptive use calculations: http://www.ecy.wa.gov/programs/wr/cro/wtrxchng.html

Additional information regarding consumptive use can be found in Chapter 173-539(A)-050(3) WAC.

Section 6. PLACE OF USE

Attach a copy of the legal description of the property (on which the water will be used) taken from a real estate contract, property deed or title insurance policy, or copy it carefully in the space below.

Lots 11 and 37, COOPER LAKE SUMMER HOME SITES, in the County of Kittitas, State of Washington, as per plat thereof recorded in Book 4 of Plats, page 27, records of said County.

1/4	1/4	Section	Twp.	Range	County	Parcel No.
		1	22 N	14 E.W.M	Kittitas	607736

Section 7. REQUIRED SIGNATURES

I certify that the information provided in this application is true and accurate to the best of my knowledge. I understand that in order to process my request, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though employees of the Department of Ecology may have assisted me in the preparing this application, I am fully responsibility for the accuracy of the information provided.

WILLIAM E. HORNE Guilliam E Home Date

Print Name (Applicant or authorized representative)

MARY A. HORNE Mery A. Horne 2/4/13

Print Name Signature

(Applicant or authorized representative)

(Land Owner, if seeking to use the ground water exemption)

Submit this form to:

DEPARTMENT OF ECOLOGY WATER RESOURCES PROGRAM CENTRAL REGIONAL OFFICE 15 W. YAKIMA AVE, SUITE 200 YAKIMA, WA 98902-3452